

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at (844) 294-6535 (TTY 711).

Hours of Operation

October 1 through March 31: 8 a.m. – 8 p.m., 7 days a week (except holidays)

April 1 through September 30: 8 a.m. – 8 p.m., Monday through Friday (except holidays)

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit www.goldkidney.com or call (844) 294-6535 (TTY 711) to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ **Effect on Current Coverage:** If you are currently enrolled in another Medicare Advantage plan, that coverage will end when your new Medicare Advantage coverage starts. If you have Original Medicare, you will receive your Medicare-covered benefits through this plan and must continue to pay your Part B premium. If you have TRICARE, your coverage may be affected; contact TRICARE for more information. If you have a Medigap (Medicare Supplement) policy, it cannot be used with Medicare Advantage to pay plan cost sharing. If you choose to drop your Medigap policy, you may not be able to get it or another Medigap policy back later unless you have a guaranteed issue right.
- ☐ **Medicare Part B:** In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ **Chronic Special Needs Plan (C-SNP):** This plan is a chronic condition special needs plan (C-SNP). Your ability to enroll will be based on verification that you have a qualifying specific severe or disabling chronic condition.
- ☐ **HMO-POS:** Our plan allows you to see providers outside of our network (non-contracted providers) for certain services. However, while we pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care.